

Request for an Independent Study

This is not a registration form.

To the student: Please work on parts I and II of this form in consultation with the instructor. After you have been granted permission to take the course [described below] and this form has been processed [3 to 5 working days], you will be able to register for this course. Please submit all documentation, including the Add Form or Registration Form to the Registrars Office, KN-224, for processing. You will receive the confirmation by mail from the Registrars Office.

PART I. To be completed by the student

NAME: _____ STUDENT ID#: _____
Last First MI

COURSE: _____
Subject Catalog # Class Section Course Name Credit Hours

TERM: Fall Winter Spring Summer 20_____

REASON FOR REQUESTING INDEPENDENT STUDY:

 Student's Signature _____
 Date

PART II. To be completed by the instructor

MEETING SCHEDULE: _____

 Instructor's Name

 Instructor's Signature _____
 Date

 Department Chair's Signature/Approval _____
 Date

Instructions to Department Chair Please attach the course syllabus to this form and submit the package to the Registrars Office.

PART III. To be completed by the Registrars Office

 Date Processed _____
 Signature

 Subject Catalog # Section Class Nbr